

BULLETIN



Vol. 61, No. 4

Bulletin of The Mahoning County Medical Society

April, 1991



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Mahoning County Medical Society

Volume 61 April 1991 No. 4

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SOCIETY MEETINGS

January 15, 1991

March 16, 1991

May 21, 1991

September 17, 1991

November 19, 1991

December 17, 1991

The Bulletin is published nine times a year, monthly with the exception of May, July and August by the Mahoning County Medical Society, 5104 Market Street, Youngstown, Ohio 44512.

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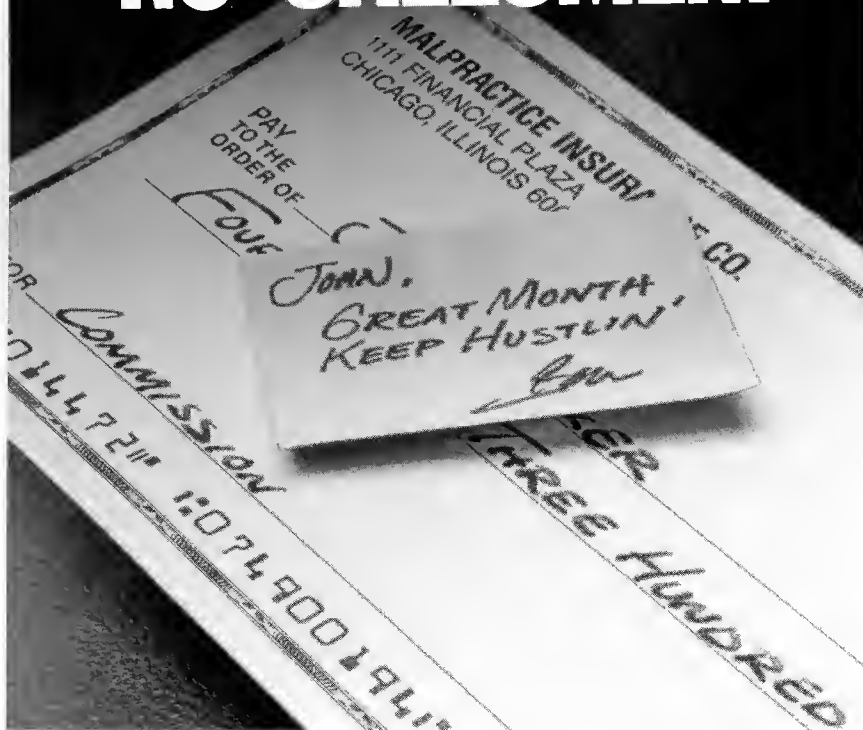
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Fading Northern Stars

Canada, the American interpretation of England and France stands as an example of a bright northern star. But is it a shiny star or just a glimmer of what it could be? As the heat is turned up here in Ohio, and the war camps are being drawn up for the big battles, I decided to go to Canada, particularly Ontario to find out if indeed their national health care insurance works.

Despite what anyone has said about it, the Canadian system is based on the English model. It was forced onto the Canadian doctors because of economic considerations and not because of idealism, though members of Parliament would be loathe to admit it. Because there is a great deal of difference between nations and, in the case of Canada, differences in the various provinces, medical needs were interpreted quite differently in all these areas.

Of particular interest to Ohio is the Ontario system called the Ontario Health Insurance Plan (OHIP). The mainstay of its usefulness is that it provides access to health care for all its citizens through a central system that provides a broad covered insurance which pays physicians and hospitals on a set scale. There is a co-payment, and not all services are covered. Periodic strikes by the medical profession are relatively few and can usually be endured much better than postal or other public service strikes. That's the good part!

Every system has its troubles, since otherwise everyone would have adopted it. The main problems with the system are large and threaten a total collapse. It costs Ontario an average of \$200,000 per doctor per year and an equal amount for the tests each doctor orders. Though this is low compared to Ohio, it represents a growing part of the \$1.3 million-an-hour budget as physicians struggle to find out how to work better within the system. Since rates are set, two ways are used to gain better net profits. One is an increase in business. The old method of solo practice with a close

physician-patient relationship is out. Clinics and other high volume consortiums are in. Quality of care is assumed to be worsened but there are no statistics because monitoring and utilization programs are non-existent. The other way to reduce spending is by reducing costs. This is incorporated in the above with less time per patient and sharing of facilities. It also is reflected in hiring nurse practitioners and technical help to perform those services that the physician no longer has time for. An example comes from a breast screening clinic in Toronto that for years was run by physicians who bothered to take the time to examine each patient, have a mammogram taken, and then explain the results. That same clinic now schedules patients on an assembly-line basis and examinations by the physicians only occur if there is some question of breast problems.

Finally, rationing of care is inevitable in any national health organization. This is accomplished in a multitude of ways. It ranges from not sponsoring expensive programs like cardiac bypass surgery to limited convalescent care. It is fortunate that 90 percent of Canadians live within 50 miles of the U.S. border. This allows care to be reimbursed in the U.S. at 70 percent covered insurance. It allows for a two-tiered system, but that is the way western societies have always worked.

Finally, any system works if enough money is fueling it. Desperation occurs when these funds are limited. The state of Ohio really doesn't want to be in the insurance business but may be forced into it if this issue becomes a proposal on the ballot to be voted upon by the general populace who may not understand our position. Let us all remember that politics is not always based on realities. It is up to all of us to teach, to educate, to be doctors to people, not the instruments of a machine. Alternatives do exist. Let us not inherit other nation's problems when they are looking to us for leadership. □

"It costs Ontario an average of \$200,000 per doctor per year and an equal amount for the tests each doctor orders."



Brian S. Gordon, M.D.

AMA Brief

The governing council of the Young Physicians Section is developing a plan to combat a federal measure that reduces Medicare payments for physicians in their first four years of practice. The plan would mobilize young physicians' supports for AMA efforts to repeal the provision in the Medicare law. The Omnibus Budget Reconciliation Act of 1990 mandates that physicians in their first year of practice be paid 80% of regular Medicare rates. The proportion increases to 85 percent in the second year, 90 percent in the third year, 95

percent in the fourth year and 100 percent in the fifth year. At its 1990 Interim Meeting, the AMA House of Delegates adopted a YPS resolution to develop legal and legislative strategies to correct the payment discrimination against young physicians. As a result, the Association drafted federal legislation to repeal the provision in the Social Security Act that reduces reimbursement for new physicians. The YPS governing council will visit the Capitol April 18 to begin lobbying against payment inequities. □

The Young Physicians Committee

The Young Physicians Committee of the MCMS will meet on Thursday, May 9, at 6:30 p.m. at the Youngstown Club. Chairman Dr. Denise Bobovnyik will preside. Call the MCMS office at 788-4700 for more information. □

OSMA Annual Meeting

The following members will represent MCMS at the OSMA Annual Meeting to be held at the Hyatt Regency Hotel, in Columbus, May 17-19.

Delegates - Drs. James Anderson, Brian Gordon, Lloyd Slusher, Hai Shuih Wang and Karl Wieneke.

Alternate Delegates - Drs. Denise Bobovnyik, Jane Butterworth, Murali Guthikonda and Daniel Handel. □

Dunn de Dunn Dunn

One member of our Medical Society expressed the opinion that comments on a hospital do not represent an appropriate topic for Mahoning County Medical Society *Bulletin* editorials. He seemed to consider it disloyal (to the hospital) to discuss hospital related aspects of health care outside the hallowed halls of the hospital. I believe his opinion has merit. The title of this month's editorial perhaps portrays the mystery thriller crescendo - Dunn de Dunn Dunn - just prior to the denouement. However, I do not believe that the issue is loyalty versus disloyalty. I believe the real issue is who physicians serve. While there has been a tendency for some groups to refer to those receiving "services" as clients, most physicians probably consider themselves as providers of care to patients.

Is then our primary loyalty not to our patients? Paternalism has largely been replaced by cultivation of the patient's ability to make enlightened decisions. However, we have not abrogated our position as "patient guides." When a patient requires hospitalization, it is the physician who has the responsibility for the quality of care delivered during that hospitalization. While the patient deserves our primary loyalty, what of the hospital? Do we express our loyalty to a given hospital by hospitalizing our patients elsewhere (if we are not satisfied with how that hospital functions)? Is not a higher plane of loyalty expressed by delineating concerns, defining their appropriateness, and relentlessly working to resolve hospital problems (at least as they impact patient care). The point is made somewhat mute by hospital contracts with third party payers that define which hospital(s) must be used by their "clients." What choice do we have as responsible physicians, other than to be strong patient advocates? I believe it is in the best interest

of the hospitals, as well as that of our patients, to be their advocate.

A major factor impacting medical care is affordability. When the patient must decide between food and medical care, the physician is often challenged to be innovative in his or her approach. We have only limited flexibility in this effort. Given the number of un- and underinsured individuals in the community we serve, it is ironic that we are informed that we are under mandate to bill for and collect from such individuals. This is at a time when at least one hospital in our county presumes to "dunn" their clients (at times, prior to even billing the insurance carrier). I personally feel a sense of outrage that our patients would be treated in such a manner (which appears insensitive at the very least). This apparently nondiscriminatory process does not even distinguish physician families. As the amounts physician families are "dunned for" are often nominal, one member of our Medical Society suggested "just pay the bill" (even though legal fiscal responsibility for that bill was acknowledged to lie elsewhere). Should his opinion be operative? The amount involved certainly was quite nominal. On the other hand, does our responsibility to patients extend to minimizing the "trauma" of hospitalization and contributing to the creation of "a kinder, gentler society?" □

"When a patient requires hospitalization, it is the physician who has the responsibility for the quality of care delivered during that hospitalization."



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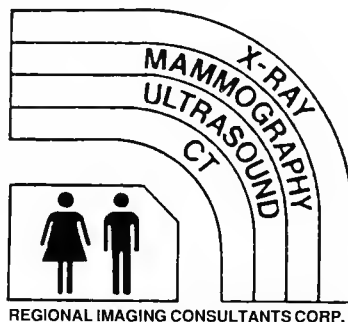
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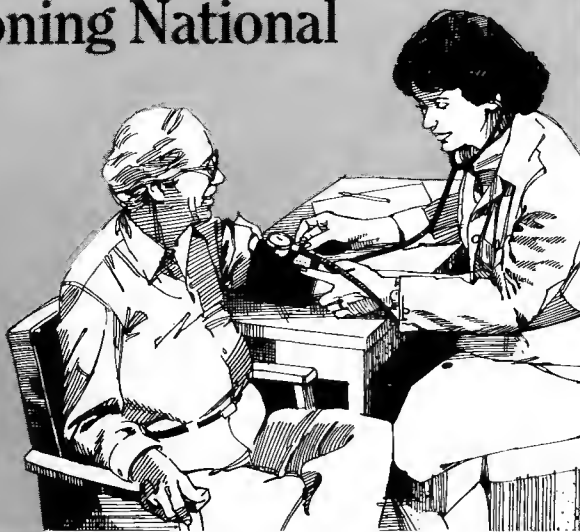


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MCMS Exhibits Testing Insight

The Mahoning County Medical Society was well represented at Health-O-Rama 1991 held March 1 and 2 at the Southern Park Mall. Responding to the many screening tests being offered during the two day event, the Society's booth featured the theme "What Does Your Screening Test Mean?"

Society members staffed the booth, answered the public's questions and handed

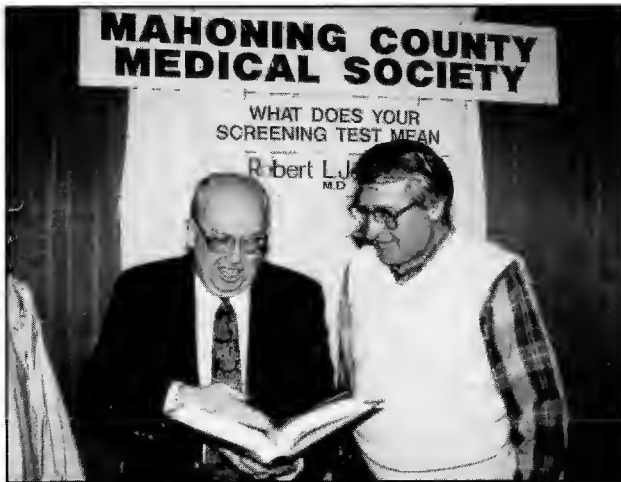
out free information concerning mass diagnostic testing. The handouts emphasized the physician's role in interpreting test results and the importance of having a personal physician.

The Health-O-Rama committee who came up with this year's theme and materials for the booth were Drs. Lloyd Slusher, chairman; James Anderson; Frederick Friedrich; Catherine Molloy; and Milo Warner.

The Society owes special thanks to those physicians who took time out to staff the booth. They were Drs. James Anderson, David Demarco, James Ervin, Sanford Gaylord, Robert Gillette, Joseph Gregori, Henry Holden, Robert Jenkins and Jeffrey Resch.

The voluntary participation of these members made many more people aware of the primary goal of MCMS — to provide quality medical care to residents of Mahoning County and the surrounding community.

□



Dr. Robert Jenkins and Dr. Fred Friedrich

Auxiliary's Health Project

The auxiliary's first experience with Health-O-Rama at the Southern Park Mall was both a success and a learning experience! Most of the information provided to the public was well received. The most popular handout was the *Shape Up For Life* coloring book (over 1000 distributed) followed by the "Jeans" handbook (over 400 were picked up).

Special thanks to Chairperson Carol Kalavsky and all auxiliaries who worked at the Mall during Health-O-Rama. □



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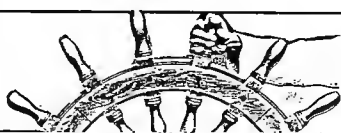
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Dr. Anand Garg Appointed to Medical Board

Society member Dr. Anand G. Garg was recently appointed to a five-year term on the Ohio State Medical Board. Dr. Garg, a neurosurgeon, has been practicing in the Youngstown area for 15 years.

Governor George Voinovich made the appointment in March which is subject to Senate approval. Dr. Garg is the first Asian Indian and first international medical school graduate to serve on the state board. He is also the first person serving from the Youngstown area in almost eight years.

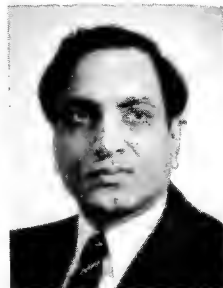
Dr. Garg was born in Meerut, India. He graduated from Agra University in India and received his degree in neurosurgery from Queen's University Medical School in Belfast, Northern Ireland. While there, he was chief resident in neurosurgery at the Royal Victoria Hospital. Dr. Garg served a 3-year clinical and teaching fellowship with the Albany Medical Center in New York, and he was chief resident and a research

fellow at University Hospital in Saskatoon, Canada.

Dr. Garg is a member of the Ohio State Medical Association, American Medical Association, the American Academy of Family Practice and the Congress

of Neurological Surgeons. He is a fellow of the International College of Surgeons. Locally, he has served on the Mahoning County Medical Society governing council. In 1984, Dr. Garg was appointed president of the India Association of Greater Youngstown.

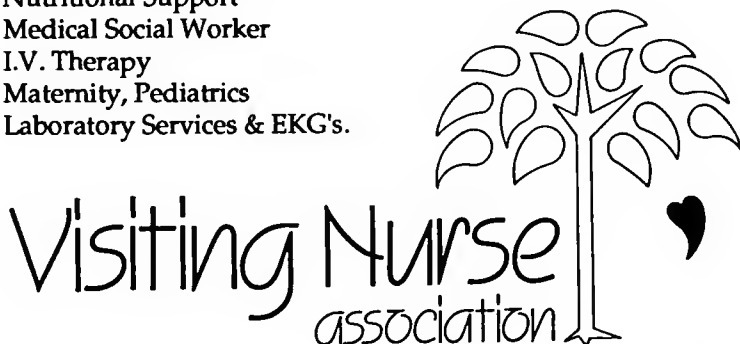
Dr. Garg has extensive teaching and research experience and has published several articles on his specialty. He resides in Boardman with his wife, Maureen. The couple has three daughters. □



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Auxiliary Hosts Evening of Splendor

On March 16, the Auxiliary orchestrated an evening of fine dining and dancing at the Butler Institute of American Art in recognition of Doctor's Day. The theme for the black tie affair was "Splendor — Healing Hands — Loving Hearts."

Florence Wang chaired the committee responsible for providing our doctors and their spouses with an evening of elegance. Her committee members were Beth Bacani, co-chairperson, Donna Hayat, Rosemary Memo, Pauline Sarantopoulos, Suzy Soleimani and Eleanor Pershing representing the MCMS.

The Auxiliary presented the traditional red carnations to all the doctors in atten-

dance.

Special guests included Peter Millikin, health editor for *The Vindicator*, and his wife Theresa; Dr. Louis Zona, director of the Butler Institute and his wife Patricia; and Youngstown Mayor Patrick Ungaro and his wife Theresa. Mayor Ungaro presented Society President Dr. Brian Gordon with a leather-bound proclamation acknowledging March 30, 1991, as National Doctor's Day.

"The Flower in American Art" exhibit on display at the Butler provided a blossoming ambience for the evening. Those in attendance were treated to brilliantly colored artistic renditions of some of nature's most delicate bouquets. □





1. Florence and Dr. Hai Shiuh Wang.
2. Dr. Brian Gordon and Mayor Patrick Ungaro.
3. Drs. Michael and Dianne Bitonte Miladore.
4. Jaclyn and Dr. Brian Gordon.
5. Renee and Dr. Gary Bitonte.
6. Dr. Antonio and Anita Gestosani.
7. Rose Mary and Dr. Richard Memo.
8. Dr. Harold and Helen Chevlen.
9. Peter and Theresa Milliken.
10. Dr. Steve and Jamie Frank.
11. Dr. Kenneth and Norene Kenyhercz.

MCMS Co-Sponsors Healthchek Workshop

The Mahoning County Medical Society and the Mahoning County Children's Health Coalition co-sponsored a Healthchek Reimbursement Workshop on March 22 at the First Presbyterian Church in Youngstown.

The workshop focused on Healthchek reimbursement and state and local resources available to healthcare providers.

Pat Hrinko, administrative assistant at Tod Children's hospital, served as workshop coordinator.

Rosemary Walton, a program specialist with the Bureau of Medicaid Preventive Health, discussed several preventive health programs available to medicaid-eligible in-

dividuals, including Healthchek, Healthy Start, Enhanced Medicaid Transportation, and At Risk Pregnancy Services. Walton also described the ins and outs of properly submitting Healthchek claims to receive maximum reimbursement.

Donna Primm, a social service supervisor with the Mahoning County Dept. of Human Services, discussed the local resources available to providers.

MCMS received accolades from the state participant for the Society's contribution to the program's success. Walton hopes to repeat the workshop's success by working closely with other medical societies and coalitions throughout Ohio. □

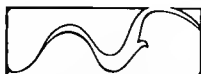
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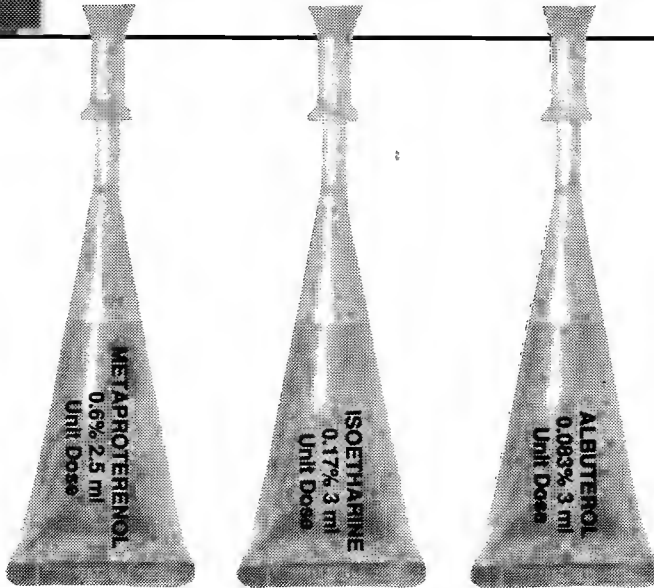
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You've got to be a nice person, too.

Medical practice success depends on your personality as well as on your clinical skills. That's more important today than in the past as patients, referrers and group practice dynamics weed out unpleasant doctors.

By and large, physicians are nice people. They work hard day in and day out on activities that are uniformly intended to help others—their patients. That's not always true of other professions, nor of business generally, in which winning and losing are part of the ethic.

And yet physicians are normal people. Some of them have bright, outgoing personalities which inspire confidence and respect; others are naturally less pleasant. I recall, for instance, consultations with practices where excellent doctors need a "personality transplant."

Changed Times

In the so-called "golden age" of medical practice—the '70s and early '80s—it hardly mattered whether a physician was or was not a nice person. He would be successful anyway simply because there was a shortage of good doctors. Even then, many less personable physicians chose specialties offering less direct patient contact to cover their weaknesses.

These days, though, your personality is increasingly important to practice success. There are enough physicians with comparable quality in most specialties that simply being technically capable isn't enough. The people who buy your services—your patients—judge quality more on intangible factors (including personality) than on clinical competence. Referring

doctors, too, create their referral patterns on the basis of *personality* traits since they can choose from a number of capable consultants.

I see this emphasis on personality as an increasingly important factor in the practice of medicine. Groups, whether just a few partners or very large, choose their new associates largely on personality factors. They "let go" (terminate) associates more often because young doctors fall short of being compatible group members than for clinical shortcomings. And since solo practice is really dying out, the odd-ball individual has less of a refuge from inter-partner relations than in the past.

Group Concerns

I recall a urology group in the Midwest. One of its partners had become so surly that referring doctors were sending patients away from the group. After various counseling and warning sessions, his partners had little choice but to insist that he withdraw—essentially they fired him.

While that's an obvious situation, there are many less striking cases of tolerating a bad apple. But as groups increasingly adopt formal evaluation processes—even at the partner level—factors such as collegiality, cooperation and personal stability dominate the criteria.

I recall an MGMA program on physician compensation, in which the speaker listed factors determining a group member's worth. A primary one was simply labelled the "PITA" factor, which stood for "pain in the _ _ _."

More Bad Apples

Communications specialists say that being liked by the other person is a major facet of credibility. That's what causes a new patient to stay with you, a referrer to keep sending you good cases and your partners to value your membership. It's also a decisive factor in whether or not you get sued for malpractice. Your professors don't deal much with personality in medical school, and residency tends to beat it out of you, but being a nice person really does make a difference.

I encounter a disappointingly large number of physicians who seem to ignore this point. Arrogance about their unique skills seems particularly to accompany many highly trained superspecialists; they often come right out of fellowship training with an exaggerated sense of importance. And too many doctors, both primary care and referral-oriented, show aspects of impatience, intolerance and even greed. These personality flaws are becoming even clearer as Medicare and managed care ratchet down fees.

So it's important to focus on remaining a nice guy (or gal) as well as being an excellent clinician. Keep your emotions in balance and your technical skills in perspective. And if you sense your personality going off-kilter, perhaps you should take some time away and look at yourself in a fresh light.

Your patients, your referrers and your group partners are increasingly concerned about personality factors. Since top-quality

medicine will be dispensed in any event, this emphasis makes sense. Being a "nice person" is a business necessity as well as a generally desirable social trait.

Leif C. Beck
LL.B., C.P.B.C.

Editorial Note: We acknowledge the cooperation of Leif Beck, who has granted reprint rights for topics which have appeared in his regular monthly publication, The Physician's Advisory. His organization, The Health Care Group, with offices in Plymouth Meeting, PA, is a group of leading national consultants and attorneys specializing in medical practice organization and management.

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FAME Fellows to Graduate in May

On May 17, 1991, 17 participants of FAME, a "Fellowship in Academic Medicine" sponsored by the NEOUCOM Department of Family Medicine, will receive their diplomas and become "Fellows" in Academic Medicine.

This charter class, composed of family practice physicians and faculty members, has been taking part in an on-going program to enhance individual skills in leadership, education and research. Meeting in four weekend sessions throughout the year, the participants will present in-depth projects during the May session at the Aurora Inn.

The Fellowship, developed by Robert E. McArtor, M.D., M.P.H., chairman, Family Medicine, and nurtured by Susan Labuda Schrop, M.S., associate director for Administration, Family Medicine, was a dream turned reality last July with the approval of a U.S. Health and Human Services grant for partial funding of the three-year proposal.

Consultants John Aluisse, Ph.D., University of North Carolina; Thomas Schwenk, M.D., University of Michigan; and Donald Iverson, Ph.D., University of Colorado, arrived at the college in August to help the Department of Family Medicine implement the plan. These specialists in leadership, education and research then taught the initial fellowship sessions while training family medicine faculty members Dinah Fedyna, M.D.; John Jenrette, M.D.; and William Smucker, M.D., to become the future experts and take over the teaching responsibilities in years two and three.

Needs assessment surveys and group interviews with present family medicine faculty members were used to design the FAME curriculum which included three specific tracks in leadership and management skills, education development and instructional methods; and clinical research methods, along with a core curriculum for all participants, regardless of their training

track.

Experts in their field who gave presentations during the year included Colin Campbell, M.D., NEOUCOM president and dean; Maria Schimer, M.P.H., J.D., associate dean for Legal and Administrative Affairs, and director, Geriatric Medicine/Gerontology, NEOUCOM; Joseph E. Scherger, M.D., University of California/Davis; Neal Whitman, Ed.D., University of Utah; J. Christopher Schank, M.D., Cleveland, OH; Wendy Lynch, Ph.D., University of Colorado; Kenneth Sheets, Ph.D.; Sam Romano, Ph.D.; and Max Ruffin, M.D., University of Michigan. Claire Bourguet, Ph.D., assistant professor of Epidemiology, NEOUCOM, served as a consultant for the research track.

Program participants from the Youngstown area were St. Elizabeth Hospital Medical Center - William Gillanders, M.D. (research) and Robert Gillette, M.D. (education), both associate professors of Family Medicine; and James Melloh, M.D. (research), assistant professor of Family Medicine.

Participants from the Western Reserve Care System were Arlene Brewster, Ph.D. (leadership), assistant professor of Educational Psychology in Family Medicine; and Kenneth Bulen, M.D. (education), assistant professor of Family Medicine. □

The following applications for membership were approved by Council.

Active:

Bruce Willner, DO

First Year:

Milton Sanchez-Parodi, MD

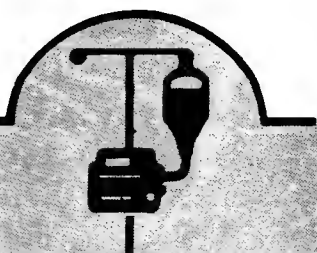
Information pertinent to the applicants should be sent to the Board of Censors by April 30, 1991.



*Patricia Mascolo
Coordinator, Fellowship
Academic Medicine*

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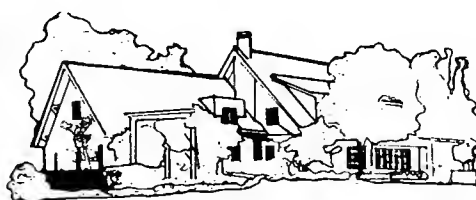
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Submitted by Dr. William W. Loeser.

1. **What does "CPT" stand for?**
 - A. Computerized Physician Terminology
 - B. Coding and Procedural Terminology
 - C. Can't Pay Tuppence
 - D. Current Procedural Terminology
2. **When billing Medicare, which code(s) should be used for an injection of Valium?**
 - A. 90782
 - B. J3360
 - C. 90782 and 99070
 - D. 90788
3. **Which of the following define a "new patient"?**
 - A. Someone the physician has never seen before
 - B. Someone that has not been seen in at least one year
 - C. New problem
 - D. Someone who doesn't have a medical record established at the office.
 - E. B & C
 - F. A & D
4. **T or F:** Medical specialties use surgical CPT codes.
5. **(Here's a tough one.) What is the correct way to code for "total hip replacement," bilateral, when no bilateral code exists?**
 - A. 27130-50 Total hip replacement 2 units
 - B. 09950
 - 27130 Total hip replacement rt side
 - 27130 Total hip replacement lt side
 - C. 27130 Total hip repl right
 - 27130 Total hip repl left
 - D. A & C
 - E. B & C
 - F. A & B
 - G. A & B & C

1. D 2. B 3. F 4. T 5. G

Digest Issues Environmental Report

The *Health & Environmental Digest* has just released a special report called *Environmental Issues in Primary Care*. The 90 page report focuses on the latest medical information available on the health effects of common environmental contaminants.

Topics include drinking water contaminants, indoor air pollutants, and metal contaminants. The report also

contains a comprehensive guide for state health departments, continuing medical education, federal hotlines and resources, and more.

The report costs \$30 postage included (10 percent discount if prepaid). For more information, call or write: *Health & Environment Digest*, 2500 Shadywood Road, Box 90, Navarre, MN, 55393. (612) 471-9292. □

Academy Opposes Government "Cataract Mills"

The American Academy of Ophthalmology is opposing a government sponsored cataract PPO project. The Health Care Financing Administration has announced a three state trial for the program in New York, Ohio and Texas. Ophthalmologists in those states would be solicited to offer their services to Medicare patients at lower fees as "preferred providers."

Referring to the proposed PPOs as government "cataract mills," the Academy is seeking congressional sanctions against

the program and is urging ophthalmologists across the country to resist the research project's implementation. The Academy believes the program may curtail pre-and post-operative medical care in order to sustain the high volume surgery the project requires.

In congressional hearings last summer on extremely high-volume cataract surgery centers, the Academy protested the HCFA Plan, suggesting the plan would duplicate the very organizations under fire. □

Is Your Practice A Family Affair?

Do you share a practice with your mother or father? Daughter or son? If so, we'd like to hear from you.

Activities of Daily Living plans an article on intergenerational family practices. In today's changing medical climate, how often do medical families of two and even three generations practice together? And why do they choose to do so?

If you are in such a practice, tell us about it. When and how did it come into being? What have been its advantages? Its

difficulties? How do patients respond? How has your physician-parent or physician-child influenced you professionally?

If you and your physician family member have rejected the option of practicing together, we'd like to hear about what dissuaded you.

Please include your name, specialty and telephone number. Write to: "Generations," ADL, American Medical News, 515 N. State St., Chicago, Ill. 60610. □

60 Years Ago — April 1931

In 1931 the Mahoning County Medical Society was over fifty years old, but the *Bulletin* was still in its infancy. Born in January, 1931, the first few issues were only six pages long. It was the brain child of Dr. A.W. Thomas who was president that year. (Dr. Thomas was Dr. Jim Anderson's uncle.) The first editor was Dr. James L. Fisher (Dr. Bob Fisher's father). The first article in the January issue was written by Dr. D.H. Smeltzer, (Dr. Jim Smeltzer's father).

40 Years Ago — April 1951

April no longer meant Post-Graduate Day in Youngstown, but it did mean OSMA meeting in Cincinnati. Several of our members appeared on the program. Dr. A.J. Bayuk had an important article on "Office Anesthesia" in which he described reactions to anesthetic drugs and how to treat them. Dr. Fred Schlecht and Dr. Dick Murray collaborated on an article on the treatment of bleeding ulcer in which the importance of active feeding was stressed. The Anderson and Meulengracht diets were described. Captain Louis Bloomberg reported for active duty at Fort Sam Houston in Texas.

20 Years Ago — April 1971

Local history was made by the Mahoning County Medical Society when a

constitutional amendment was passed unanimously to permit osteopathic physicians to become members of the Society. The Society then promptly elected to intern-resident membership, six house officers of St. Elizabeth Hospital. They were Ronald Aiello; Robert Bakondy; Gary Courter; David Dortin, Jr.; Porfiro Lozano, Jr.; and James Thesing.

Dr. John McDonough received the humanitarian plaque for 1970 from the Fraternal Order of Eagles for his contributions and service in behalf of the hospital ship S.S. Hope.

10 Years Ago — April 1981

The big news in this month's issue was the settlement of the lawsuit with the state attorney general's office after ten years of litigation. It was settled by a consent decree wherein the state agreed to withdraw its charges, and in return the members of the MCMS would agree not to engage in any form of price fixing or restraint of trade. No fines were sought, nor was there any admission of guilt.

Dr. Elmer J. Wenaas died at the age of 81. Dr. Wenaas, formerly associated with Dr. Stertzbach and Dr. Pugh, was the first surgeon to perform an operation to correct glaucoma and cataracts simultaneously. There were no new members that month.

□



Robert R. Fisher, MD

*Knowledge is proud that he has learned so much;
Wisdom is humble that he does not know more.*

William Cowper, The Task, 1785



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John Noll, M.D., 1903 – 1991

Dr. John Noll, who was born in Youngstown on June 6, 1903, was called to his heavenly home on February 21, 1991. Dr. Noll received his M.D. degree from Cornell University School of Medicine in New York City.

When Dr. Noll received his medical degree, medicine was mostly art with very little science. Dr. Noll kept abreast of the scientific advances in medicine, but he never lost that touch of art. He was respected by his colleagues for his skills which was affirmed by the fact that he had many physicians and their families as his patients.

Dr. Noll served his country during WWII entering the Army Air Force in 1942 as a major. At the time of his discharge in 1946, he was a colonel. In each of his military assignments, he was chief of medicine, and, during his last year, he was a flight surgeon.

In addition to serving his country, he served his profession and his church well. His patients were devoted to him, and they put their complete trust in him. For many years, he served as chief of medicine at Youngstown Hospital (now Western Reserve Care System), and he was a respected teacher to the house staff and to the students in the YHA School of Nursing. He was an active member of Trinity Methodist Church and for many years was chairman of the music committee. He was a past president of the Mahoning County Medical Society and was for many years on the executive committee of Youngstown hospital.

Dr. Noll not only practice the art of medicine, he made living through giving an art form as well. □

William Davis McElroy, M.D., 1901 – 1991

Dr. McElroy, a well known orthopedic surgeon, passed away on April 5, 1991. Dr. McElroy was born almost 90 years ago, in Niles, Ohio on April 22, 1901. He is survived by a son Paul D. McElroy of Baltimore.

Dr. McElroy was a prominent orthopedic surgeon for thirty years. Prior to his retirement in 1964, he was head of the orthopedic department at Youngstown Hospital Association.

Dr. McElroy received his M.D. Degree from the University of Cincinnati in 1928. He served a one year internship and a year of his orthopedic residency at Youngstown Hospital. He completed his residency in Boston at Massachusetts General and Boston Children's Hospitals. Upon his return to Youngstown, Dr. McElroy practiced orthopedic medicine in association with the late Dr. Ralph Morrall. For many years, Dr. McElroy worked at the former Rotary Home for Convalescent Crippled Children.

Dr. McElroy was one of the first physicians from Youngstown to enter the armed services in WWII. He joined the army medical corp as a Major in 1942 and was discharged as a Lt. Colonel three years later.

The decorated veteran returned to Youngstown where he resumed his orthopedic practice with Dr. Morrall. He rejoined the Staff at Youngstown Hospital Association where he served on the medical teaching service and as a long time member of the Executive Committee.

Dr. McElroy was a member of the Mahoning County, Ohio State and American Medical Association; the Tri-State Orthopedic society; American Board of Orthopedics; and the American College of Surgeons.

He served his profession, his patients, and his country to the best of his ability. Of him can be truly said, "Well done thou good and faithful servant..." □

Gabriel E. DiCicco, MD

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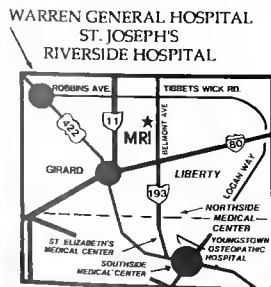
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Fayette Porch, Watercolor on Arches, 22 x 30

by Thomas G. McNickle (1944 –)

As spring arrives, we see new growth of leaves on trees and enjoy the warmth and brightness the sun begins to bring to our surroundings. In *Fayette Porch*, Thomas McNickle has captured a fading winter scene being inched out by an invading sunlight that penetrates through space to claim its domain.

Born in October of 1944 and currently residing in Pennsylvania, Thomas McNickle has always enjoyed art and working with transparent watercolors. Like many artists, McNickle concentrates less on the subject matter and more on the play of light and shadows. However, he adds another dimension to his works, the atmosphere surrounding the scene. To achieve all this, McNickle uses watercolors because the "...transparency allows greater concern for glazing and building layers of color which best let me deal with light and atmosphere."

Thomas McNickle is a realist painter, although he tends to feel slightly uncomfortable with any such categorization because his landscapes are not painted to portray reality or tell stories. Painting for McNickle goes much deeper. It is "a way of touching the things we can not see or name. As I stand in one spot and confront time and place, I am able to touch these things...I see one through the other...like looking through a key hole or catching a fleeting glimpse of something out of the car window." In his painting *Fayette Porch*, you do see and feel something beyond the scene itself. It's almost like a glimpse of death and life at the same time, something we feel when spring brings newness and joy to a dying winter...but it is a peaceful transformation, natural and welcomed. McNickle "...think(s) of landscape painting as the intersection of the time and space continua, for an instant I can hold onto something larger through holding onto the subject or

scene. Things connect and I feel less helpless. It adds depth and duration to my understanding and convinces me, for a moment at least, that I am here."

Thomas McNickle is an art instructor in the New Castle school district and at the Hoyt Institute of Fine Arts where he also serves on the board of trustees and as exhibition chairman. He is a member of the National Watercolor Society, Academic Artists Association, PA Society of Watercolor Painters, and Pittsburgh Watercolor Society. He is listed in *Who's Who in American Art*. McNickle has had numerous one-person shows including the Butler Institute of American Art, Jerald Melberg Gallery in North Carolina, and the Capricorn Gallery in Bethesda, Maryland. Thomas McNickle has won many honorable mentions, merit awards, awards of excellence, traveling exhibitions, Grumbacher Awards, patron awards, silver and bronze medals, and second and third prizes in nearly fifty National Juried Exhibitions throughout the United States. He received his B.S. and Masters in Art Education at the Edinboro State University, with the latter being a concentration in painting. McNickle maintains his own artist studio in Volant, Pennsylvania. □

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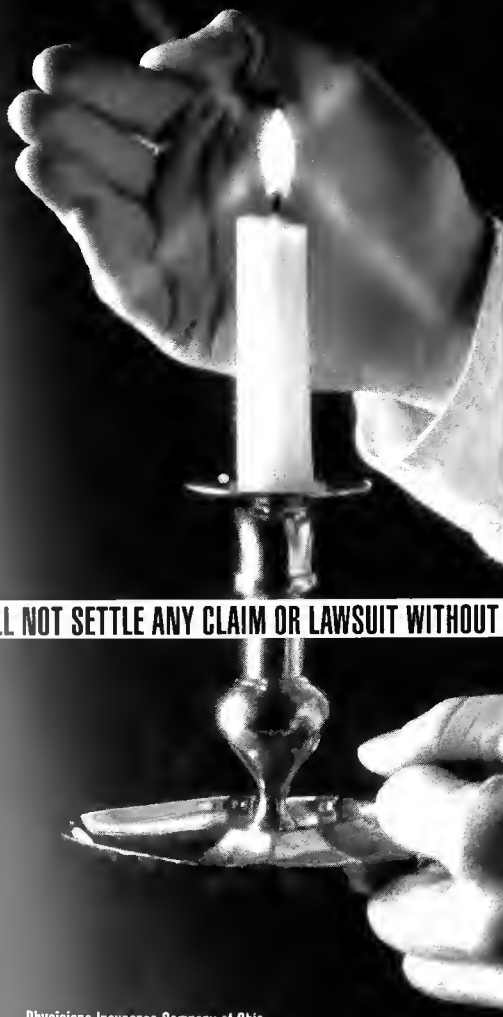
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